

**BUSINESS CONTACT INFORMATION**

Title:			
Company name:			
Phone:	Fax:	E-mail:	
Registered Company Address:			
City:		Prov:	Postal Code:
Date Business Commenced:			
Sole Proprietorship:	Partnership:	Corporation:	Other:

**BUSINESS AND CREDIT INFORMATION**

Primary Business Address:			
City:		Prov:	Postal Code:
How long at current address?			
Phone:	Fax:	E-mail:	
Bank Name:			
Bank Address:			City:
Phone:		Prov:	Postal Code:
Type of Account:	Account Number		
Savings			
Checking			
Other			

**BUSINESS AND TRADE REFERENCES**

Company Name:			
Address:			
City:		Prov:	Postal Code:
Phone:	Fax:	E-mail:	
Company Name:			
Address:			
City:		Prov:	Postal Code:
Phone:	Fax:	E-mail:	
Company Name:			
Address:			
City:		Prov:	Postal Code:
Phone:	Fax:	E-mail:	

**AGREEMENT**

1. All invoices are to be paid 15 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Burrard Transport Ltd. to make inquiries into the banking and business/trade references that you have supplied.

**SIGNATURES**

Title:	Title:
Date:	Date: